

# Checklist for Screening Clients Who Want to Initiate Use of DMPA (or NET-EN)

The Checklist for Screening Clients Who Want to Initiate Depo-Provera (DMPA) or Noristerat (NET-EN) is a screening tool for use by family planning providers to determine if and when a woman can safely and effectively start using DMPA as her contraceptive method of choice. The checklist is designed for use by clinical providers (medical doctors, nurses/midwives, and clinical officers).

The Ministry of Health, Division of Reproductive Health (DRH) developed this simple tool to support the use of the Kenya Family Planning Guidelines for Service Providers (revised March 2005) and the recommendations of the Medical Eligibility Criteria for Contraceptive Use (World Health Organization, 2004). According to these guidelines, most women can use injectables, including women who have HIV and AIDS and are doing well on antiretrovirals. For some women, such as those who have heavy or irregular vaginal bleeding, further evaluation is needed before they can begin using injectables. For a few women, injectables are not recommended because of the presence of certain chronic medical conditions, such as heart disease, stroke, and breast cancer. For these reasons, it is essential to screen women who desire to use injectables for certain medical conditions to determine if and when they can start using injectables.

The DMPA Checklist consists of 14 questions designed to identify medical conditions that would prevent safe use of injectables or require further screening, as well as to provide further guidance based on clients' responses. Clients who are ruled out because of their response to some of the medical eligibility questions may still be good candidates for DMPA or NET-EN after the suspected condition is excluded or managed through appropriate evaluation and follow-up. The checklist also includes a series of questions to help providers determine with reasonable certainty whether a woman is not pregnant before they provide the method.

This checklist is part of a series of provider checklists developed for family planning providers in Kenya. The other checklists include the Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives, the Checklist for Screening Clients Who Want to Initiate Use of the Copper IUCD, and the Checklist on How to be Reasonably Sure a Client is Not Pregnant. For more information about the provider checklists, please visit the Kenya Ministry of Health DRH Web site at [www.drh.go.ke](http://www.drh.go.ke).

## Assessing Medical Eligibility for DMPA

### 1. Have you ever had a stroke, blood clot in your legs or lungs, or heart attack?

This question is intended to identify women with already known serious vascular disease, not to determine whether women might have an undiagnosed condition. Women with these conditions may be at somewhat increased risk of blood clots if they use DMPA. Women who have had any of these conditions will commonly have been told that they have had this condition and will answer "yes," if appropriate.

### 2. Do you have a serious liver disease or jaundice (yellow skin or eyes)?

This question is intended to identify women who know that they currently have a serious liver disease and to distinguish between current severe liver disease (such as severe cirrhosis or liver tumors) and past liver problems (such as treated hepatitis). Women with serious liver disease should not generally use DMPA because it is processed by the liver and hence its use may adversely affect women whose liver function is already weakened by the disease.

### 3. Have you ever been told you have breast cancer?

This question is intended to identify women who know they have had or currently have breast cancer. These women are not good candidates for DMPA because breast cancer is a hormone-sensitive tumor, and DMPA use may adversely affect the course of the disease.

### 4. Do you have a breast lump?

Women who have a breast lump should be evaluated according to Kenya Family Planning Guidelines to make sure the lump is benign.

### 5. Have you ever been told you have diabetes (high sugar in your blood)?

This question is intended to identify women who know that they have diabetes, not to assess whether they may have an undiagnosed condition. Women who have had diabetes for 20 years or longer or those with vascular complications should generally not use DMPA because of the increased risk of blood clots. Evaluate or refer for evaluation as appropriate and, if these complications are absent, the woman may still be a good candidate for DMPA.

### 6. Have you ever been told you have high blood pressure?

This question is intended to identify women who may have high blood pressure. These women should be evaluated or referred for

evaluation as appropriate. Based on evaluation, women with blood pressure levels of 160/100 Hg or more should not initiate DMPA.

### 7. Do you have bleeding between menstrual periods, which is unusual for you, heavy bleeding, or bleeding after intercourse (sex)?

This question is intended to identify women who may have an underlying pathological condition. While DMPA use does not make these conditions worse, it may change the bleeding pattern and mask a serious underlying condition. Unusual bleeding changes may indicate pregnancy or tumor that should be evaluated soon or treated by a higher-level health care provider. DMPA use should be delayed until the condition can be evaluated according to Kenya Family Planning Guidelines.

### 8. Are you currently breastfeeding a baby less than six weeks old?

This question is included because of the theoretical concern that hormones in breast milk can have an adverse effect on a newborn during the first six weeks after birth. A breastfeeding woman can initiate DMPA six weeks after her baby is born.

## Determining Current Pregnancy

Questions 9–14 are intended to help a provider determine, with reasonable certainty, whether a client is not pregnant. If a client answers "yes" to any of these questions and there are no signs or symptoms of pregnancy, it is highly likely that she is not pregnant. The client can start DMPA now.

If the client is within 7 days of the start of her menstrual bleeding, she can start the method immediately. No back-up method is needed.

If it has been more than 7 days since her first day of bleeding, she can start DMPA immediately but must use a back-up method (i.e., using a condom or abstaining from sex) for 7 days to ensure adequate time for the DMPA to become effective.

If you cannot determine with reasonable certainty that your client is not pregnant (using the checklist) and if you do not have access to a pregnancy test, then she needs to wait until her next menstrual period begins before starting DMPA. She should be given condoms to use in the meantime.

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To determine if the client is medically eligible to use DMPA, ask questions 1–8. As soon as the client answers **YES** to *any question*, stop, and follow the instructions below.

<b>NO</b>	1. Have you ever had a stroke, blood clot in your legs or lungs, or heart attack?	<b>YES</b>
<b>NO</b>	2. Do you have a serious liver disease or jaundice (yellow skin or eyes)?	<b>YES</b>
<b>NO</b>	3. Have you ever been told you have breast cancer?	<b>YES</b>
<b>NO</b>	4. Do you have a breast lump?	<b>YES</b>
<b>NO</b>	5. Have you ever been told you have diabetes (high sugar in your blood)?	<b>YES</b>
<b>NO</b>	6. Have you ever been told you have high blood pressure?	<b>YES</b>
<b>NO</b>	7. Do you have bleeding between menstrual periods, which is unusual for you, heavy bleeding, or bleeding after intercourse (sex)?	<b>YES</b>
<b>NO</b>	8. Are you currently breastfeeding a baby less than 6 weeks old?	<b>YES</b>

If the client answered **NO** to *all of questions 1–8*, the client can use DMPA. Proceed to questions 9–14.

If the client answered **YES** to *any of questions 1–3*, she is not a good candidate for DMPA. Counsel about other available methods or refer.

If the client answered **YES** to *any of questions 4–7*, DMPA cannot be initiated without further evaluation. Evaluate according to Kenya Family Planning Guidelines or refer as appropriate, and give condoms to use in the meantime. See explanations for more instructions.

If the client answered **YES** to *question 8*, instruct her to return for DMPA as soon as possible after the baby is six weeks old.

Ask questions 9–14 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to *any question*, stop, and follow the instructions below.

<b>YES</b>	9. Did your last menstrual period start within the past 7 days?	<b>NO</b>
<b>YES</b>	10. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	<b>NO</b>
<b>YES</b>	11. Have you abstained from sexual intercourse since your last menstrual period or delivery?	<b>NO</b>
<b>YES</b>	12. Have you had a baby in the last 4 weeks?	<b>NO</b>
<b>YES</b>	13. Have you had a miscarriage or abortion in the last 7 days?	<b>NO</b>
<b>YES</b>	14. Have you been using a reliable contraceptive method consistently and correctly?	<b>NO</b>

If the client answered **YES** to *at least one of questions 9–14* and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can start DMPA now.

If the client began her last menstrual period *within the past 7 days*, she can start DMPA immediately. No additional contraceptive protection is needed.

If the client began her last menstrual period *more than 7 days ago*, she can *be given DMPA now*, but instruct her that she must *use condoms or abstain from sex for the next 7 days*. Give her condoms to use for the next 7 days.

If the client answered **NO** to *all of questions 9–14*, pregnancy cannot be ruled out.

She must use a pregnancy test or wait until her next menstrual period to be given DMPA.

Give her condoms to use in the meantime.